



# Medicaid Information Bulletin

January 2003



## 03 - 01 Medicaid Program Changes:

- **Reimbursement for Pharmacy and Hospital Services Reduced on 1/01/03**
- **Services Reduced on 1/15/03**
- **Co-payments Increase on 2/01/03**

### Reductions in Reimbursement for Pharmacy and Hospital Services

On January 1, 2003, reimbursement for pharmacy and hospital services will change. The change includes services for all clients enrolled in Traditional Medicaid or Non-Traditional Medicaid.

- Pharmacy reimbursement will change from AWP minus 12% to AWP minus 15%.
- Hospital outlier payments will be reduced by approximately one-third.

### Reductions in Services

On January 15, 2003, the following programs and services will no longer be covered for non-pregnant adults on Traditional Medicaid. The reductions do not apply to Medicaid clients who are pregnant or under age 21.

- Vision Care services. This includes examinations and eyeglasses.
- Physical Therapy and Occupational Therapy.
- Targeted Case Management Services for:
  - Homeless
  - H.I.V. AIDS
  - Tuberculosis

### Increase in Medicaid Co-payment

On February 1, 2003, pharmacy and physician co-pays increase for Traditional Medicaid clients required to make a co-payment.

- Pharmacy co-payments increase from \$1 per prescription to \$3 per prescription. The maximum out-of-pocket is increased to \$15 per month.
- Physician visit co-payments increase from \$2 per visit to \$3 per visit. Physician services include osteopath, podiatrist and services in Federally Qualified Health Centers and rural health centers.

The co-payment increase and service reductions affect adult clients on Traditional Medicaid only. The changes apply to Medicaid clients enrolled in HMOs as well. Clients on Non-Traditional Medicaid are not affected.

### Budget Reductions Required

Although these program reductions are unfortunate, they are due to budget shortfalls resulting from greater Medicaid enrollment growth. If you have questions or need further clarification, please call Medicaid Information. Comments can be mailed to:

Director, Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, Utah 84114-3101

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World Wide Web: [www.health.state.ut.us/medicaid](http://www.health.state.ut.us/medicaid)

#### Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

#### Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106



# Information Bulletin for Primary Care Network Providers



January 2003

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## 03 - 02     **Primary Care Network Program: Reimbursement for Pharmacy To Be Reduced on 1/01/03**

On January 1, 2003, reimbursement for pharmacy services covered by the Primary Care Network Plan will change from AWP minus 12% to AWP minus 15%.

Although this reduction is unfortunate, it is due to continued budget shortfalls in the program. If you have questions or need further clarification, please call Medicaid Information. Comments can be mailed to:

Director, Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, Utah 84114-3101

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The first two digits of a bulletin number are the year published. (Bulletins published for the year 2003 begin with "03".) The second two digits of the bulletin number are the order in which the bulletin was published. For example, Bulletin 03-01 is the first bulletin published in the Year 2003.

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